

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35790
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1002
(c) City St. Louis (d) Street No. 1403 Rear 7th St. Registered No. 9367
(e) Length of residence in city or town where death occurred 30 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1403 Rear N 7th St. 25 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Thompson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1897		
7. AGE 40	YEARS 10	MONTHS 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance agt		
9. Industry or business in which work was done, as saw mill, bank, etc. Cannery		
10. Date deceased last worked at this occupation (month and year) 1936		
11. Total time (years) spent in this occupation 3 years		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Ky.		
13. NAME Will Thompson		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Pleasant Tenn.		
15. MAIDEN NAME Fannie Oden		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Pleasant Tenn.		
17. INFORMANT (ADDRESS) Edna Thompson 1403 R. N. 7th St.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE Oct. 9, 1937		
19. FUNERAL DIRECTOR (ADDRESS) H. St. Louis St. Bredeck		
20. FILE OCT 7 1937		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5th 1937	22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1937, to Oct. 5, 1937 I last saw him alive on Oct. 5, 1937 Death is said to have occurred on the date stated above, at 5:45 p. m. The principal cause of death and related causes of importance were as follows: Lobar Pneumonia Date of onset Sept. 17
Other contributory causes of importance: Cold (nonspecific)	
Name of operation Dissection Date of What test confirmed diagnosis There an autopsy? no	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) J. A. Flowers, M. D. (Address) 1711 N. 10th St.	

STATEMENT BY LICENSED EMBALMER

I, William E. Offert, Licensed Embalmer No. 3518
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me William E. Offert
Missouri L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed William E. Offert
Licensed Embalmer No. 3518

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)